

Addressing Stigma and Discrimination in Rural Communities

September 21, 2004



This teleconference is sponsored by the Resource Center to Address Discrimination and Stigma (ADS Center).

The ADS Center is a program of the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS).

The ADS Center helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses.

The views, opinions, and content of these presentations are those of the presenters and do not necessarily reflect the views, opinions or policies of DHHS, SAMHSA, or CMHS.



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(Moderator for this call is Shannon Flanagan.)



Speakers

- Anne B. Donahue, Vermont State Representative; editor of the statewide mental health newspaper Counterpoint; and public speaker for Vermont Psychiatric Survivors
- David Lambert, Ph.D., President of the National Association for Rural Mental Health (NARMH); Health Policy and Management Program, Maine Rural Health Research Center, Edmund S. Muskie School of Public Service, University of Southern Maine.

First-Person Perspective

“As surely as euphemisms ratify stigma under the guise of protecting against it, hiding psychiatric illness protects in the short term but blocks understanding and acceptance in the long term.”

Anne B. Donahue



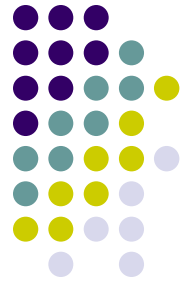
First-Person Perspective



"I think the distinguishing challenge for rural mental health, for both consumers and care givers, is transportation ..."

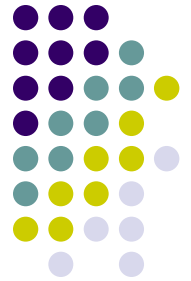
Anne B. Donahue

Rural America and Stigma



- Rural America makes up 90% of our nation's landmass and is home to approximately 25% of the U.S. population. Despite these proportions, rural issues are often misunderstood, minimized, and not considered in forming national mental health policy.
- Access to mental health care, attitudes toward mental illnesses, and cultural issues that influence whether people seek and receive care differ profoundly between rural and urban areas.
- The stigma attached to having a mental disorder in a rural area can lead to under-diagnosis and under-treatment of mental disorders among rural residents.
- Additionally, finding a mental health provider and accessing care is more difficult in rural areas than urban areas, with consumers sometimes spending more time traveling to see a provider than at actual appointments.

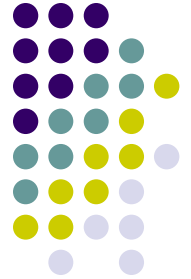
Rural America and Stigma (cont.)



Analogy of pickup truck in front of community mental health center:

You may not have told your co-workers or neighbors that you (or your wife or your daughter) is being treated for major depression, but parking your truck in front of the center may be the same as posting a sign on your lawn stating that someone in your family has a mental illness.

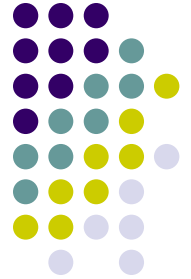
Rural Research



Lag in research: very little reviewed, but work in development

- Idaho Project
- New Mexico/Alaska

Challenges



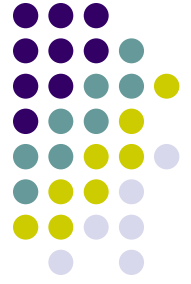
Rural America becoming more diverse – both culturally and ethnically

- Need for culturally competent staff

Budgeting

- Stigma initiatives and outreach are viewed as “non-core” services

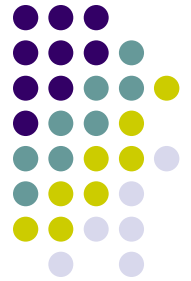
Successful Approaches



Major characteristic of successful approaches

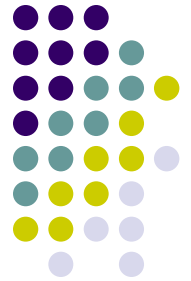
- Capturing community in culture and structure

Promising/Successful Campaigns



- **Better Today's. Better Tomorrow's. For Children's Mental Health** (Idaho)
- **Farm Resource Center** (Illinois)
- **The Community Mental Health Stigma Project** (Maine)
- **Project Relate** (Nebraska)
- **Sowing the Seeds of Hope** (Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin)

Campaigns: Better Today's. Better Tomorrow's. For Children's Mental Health (ID)

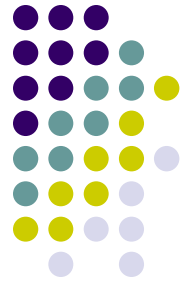


Reaching Children

- 4-year program
- Social marketing effort to educate parents, school staff, mental health professionals and community volunteers who care for children and youth about mental disorders and their treatment
- Offered educational programs statewide to 112 rural and frontier communities
- Nearly 2,000 people have been trained through presentations and classes about the signs and symptoms of mental disorders in children and teens
- Provide community trainings (including law enforcement and juvenile corrections) to assist them in understanding signs and symptoms of mental disorders in children/youth

<http://www.isu.edu/irh/education.htm>

Campaigns: Farm Resource Center (IL)

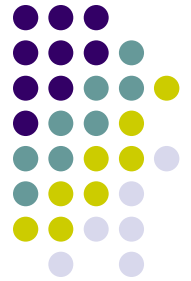


Increasing Access

- Established with seed money from the Rural Crisis Recovery Act
- The FRC has since expanded its services and is currently assisting rural farming communities in Pennsylvania, West Virginia, and North Carolina (as well as in Illinois).
- Key elements are that services are not driven by diagnostic codes, are provided without cost to the consumer, are accessible through a confidential toll-free number, and are provided by culturally sensitive workers trained to know and respect their limitations.
- FRC trains its workers to “deliver services at or near the consumer’s choice of location – ideally at their kitchen table.”
- The FRC recruits and trains mental health workers from the areas it serves.

<http://www.quincynet.com/analists/npmessag/n5138.htm>

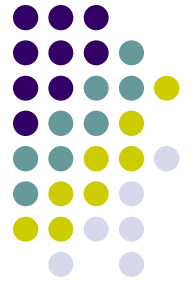
Campaigns: The Community Mental Health Project (ME)



Measuring the extent of stigma

- A small pilot project convened in Portland, ME (funded by the Maine Department of Behavioral and Developmental Services)
- Goal is to give individuals and community organizations a tool to assess how policies in their community and state are contributing to or reinforcing stigma
- Project builds upon these efforts by developing a draft stigma assessment tool, allowing a community to examine the source and extent of stigma within its local institutions and to develop effective ways to address it
- Effort is grounded in a community development perspective that recognizes that a community's ideas, values and beliefs are interrelated – as are a community's assets and challenges

Campaigns: Project Relate (NE)



Public service campaign

- The Project was created by The Kim Foundation with support from several partners. Centered around advertising, featuring eight 30-second TV and radio commercials, a series of print ads and billboards, as well as an educational Web site devoted to mental health information and resources.
- During the three-month campaign, over 2,300 television, radio, billboard, and print ads ran, all free of charge. The value of the media time and space received is more than \$215,000. The value of the creative and agency time spent developing the campaign is more than \$100,000.
- Feedback from consumers and mental health providers was extremely positive.

www.projectrelate.org

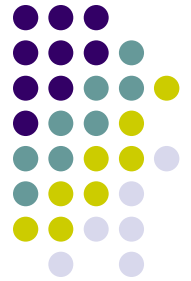
Campaigns: Sowing the Seeds of Hope (IA, KS, MN, NE, ND, SD, and WI)



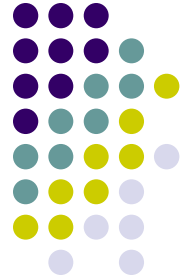
Increasing Access

- Collaborative effort of project leaders in seven predominantly rural states, administered via group in each state (religious org., mental health coalition)
- Training and education of behavioral health care providers, and others who serve the agricultural population
- Education of community citizens about agricultural behavioral health issues
- Direct services through vouchers/ensure access
- Social marketing through publications/media activities
- Retreats and support group activities for farm couples and families
- Programs have reached 25,000+ farm residents in 520+ outreach events; 740+ providers have received specialized training in agricultural behavioral health; 7,310+ farm residents have received stress education assistance; crisis telephone hotlines in five states have responded to 33,000+ farm and ranch callers; more than 5,600 farm families/residents have received specialized counseling services; and 650+ persons have participated in farm couple retreats and ongoing support groups.

QUESTIONS?



At the end of the speaker presentations you will be able to ask questions. You may submit your question by pressing 01 on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your name you may proceed with your question.



The following speakers can be contacted directly for more information:

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- Dr. David Lambert, 207-780-4502, davidl@usm.maine.edu

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Thank you very much for participating in the ADS Center teleconference “Addressing Stigma and Discrimination in Rural Communities.”

Your feedback is vital to us. Please follow the link below (or copy and paste into your browser) to complete a short anonymous survey about the call. If you would help us by forwarding this message to anyone that participated in the call with you, we would appreciate their comments as well. Please call 1-800-540-0320 if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

<http://www.surveymonkey.com/s.asp?u=50628633782>

The Resource Center to Address Discrimination and Stigma (ADS Center) is a project of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.